

NAME _____

2020-2021

Quarter # _____ Week # _____	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Notes
English	Class @ 11 <input type="checkbox"/> WC _____ <input type="checkbox"/> V _____ <input type="checkbox"/> Quiz _____	<input type="checkbox"/> WC _____ <input type="checkbox"/> V _____ <input type="checkbox"/> Quiz _____ <input type="checkbox"/> OL _____	Class @ 11 <input type="checkbox"/> WC _____ <input type="checkbox"/> V _____ <input type="checkbox"/> Quiz _____	<input type="checkbox"/> WC _____ <input type="checkbox"/> V _____ <input type="checkbox"/> Quiz _____ <input type="checkbox"/> OL _____		
Religion	<input type="checkbox"/> BC _____ <input type="checkbox"/> LOG _____ <input type="checkbox"/> LOGA _____ <input type="checkbox"/> OL _____	Class @ 9 <input type="checkbox"/> BC _____ <input type="checkbox"/> LOG _____ <input type="checkbox"/> LOGA _____	<input type="checkbox"/> BC _____ <input type="checkbox"/> LOG _____ <input type="checkbox"/> LOGA _____ <input type="checkbox"/> OL _____	<input type="checkbox"/> BC _____ <input type="checkbox"/> LOG _____ <input type="checkbox"/> LOGA _____ <input type="checkbox"/> OL _____		
Bible History	<input type="checkbox"/> BH _____ <input type="checkbox"/> BHA _____	<input type="checkbox"/> BH _____ <input type="checkbox"/> BHA _____	<input type="checkbox"/> BH _____ <input type="checkbox"/> BHA _____	<input type="checkbox"/> BH _____ <input type="checkbox"/> BHA _____		
Literature	<input type="checkbox"/> AF _____ <input type="checkbox"/> LOR _____ <input type="checkbox"/> Vocab _____ <input type="checkbox"/> Discussion _____ <input type="checkbox"/> Quiz _____	<input type="checkbox"/> AF _____ <input type="checkbox"/> LOR _____ <input type="checkbox"/> Vocab _____ <input type="checkbox"/> Discussion _____ <input type="checkbox"/> Quiz _____	<input type="checkbox"/> AF _____ <input type="checkbox"/> LOR _____ <input type="checkbox"/> Vocab _____ <input type="checkbox"/> Discussion _____ <input type="checkbox"/> Quiz _____	Class @ 9 <input type="checkbox"/> AF _____ <input type="checkbox"/> LOR _____ <input type="checkbox"/> Vocab _____ <input type="checkbox"/> Discussion _____		
Science	<input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____ <input type="checkbox"/> Study _____ <input type="checkbox"/> OL _____	Class @ 10:30 <input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____ <input type="checkbox"/> Study _____	<input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____ <input type="checkbox"/> Study _____ <input type="checkbox"/> OL _____	Class @ 10:30 <input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____ <input type="checkbox"/> Study _____		
History	<input type="checkbox"/> Notes _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____	Class @ 12 <input type="checkbox"/> Notes _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____	<input type="checkbox"/> Notes _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____	<input type="checkbox"/> Notes _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Quiz _____		
Math	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> FP _____	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> FP _____	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> FP _____	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> Test _____		
Latin/French	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> Study _____ <input type="checkbox"/> AG _____	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> Study _____ <input type="checkbox"/> AG _____	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> Study _____ <input type="checkbox"/> AG _____	<input type="checkbox"/> Lesson _____ <input type="checkbox"/> Study _____ <input type="checkbox"/> AG _____		
Geography						
Art					<input type="checkbox"/>	
Tech	<input type="checkbox"/> 15 min		<input type="checkbox"/> 15 min		<input type="checkbox"/> 15 min	
PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	